

Mid-Hudson Region Co-Occurring System of Care Committee (COSOCC)

Jean-Marie Niebuhr, Deputy Commissioner/DCS
Dutchess County

Darcie Miller, Commissioner
Orange County

Mike Piazza, Commissioner
Putnam County

Melissa Stickle, DCS
Sullivan County

Katrina Williams, Deputy Commissioner
Ulster County

Michael Orth, Commissioner
Westchester County

Susan Hoerter, Acting Commissioner
Rockland County



Mid-Hudson RPC Dr. Minkoff
forum Nov. 2017

Comprehensive Continuous Integrated System of Care or CCISC evidence-based model (Minkoff & Cline, 2004, 2005) - a SAMHSA “best practice” for system design

Mid-Hudson Region Microcosm of NYS



Population (2023)

Westchester	1,021,059
Orange	409,860
Rockland	346,321
Dutchess	295,437
Ulster	181,659
Putnam	97,056
Sullivan	78,948

Square Miles

Ulster	1,161
Sullivan	997
Orange	839
Dutchess	825
Westchester	450
Putnam	246
Rockland	199

Cities – Towns – Urban – Rural – Farmland – Large Bodies of Water

Mid-Hudson Region Co-Occurring System of Care (COSOC)

The COSOCC model is based on the following eight clinical consensus best practice principles (Minkoff and Cline, 2004, 2005) that promote an integrated recovery philosophy that makes sense from the perspective of both the mental health system and the substance disorder treatment system.

- Co-occurring issues and conditions are the expectation, not an exception.
- The foundation of a recovery partnership is an empathic, hopeful, integrated, strength-based relationship.
- All people with co-occurring conditions are not the same, so different parts of the system have responsibility to provide co-occurring capable services for different populations.
- When co-occurring issues and conditions co-exist, each issue or condition is considered.
- Recovery involves moving through stages of change and phases of recovery for each co-occurring condition or issue.
- Progress occurs through adequately supported, adequately rewarded skill-based learning for each co-occurring condition or issue.
- Recovery plans, interventions, and outcomes must be individualized.
- A Comprehensive, Continuous, Integrated System of Care Model is designed so that all policies, procedures, practices, programs, and clinicians become welcoming, recovery- or resiliency-oriented, and co-occurring capable.

“Avoid the training trap” - Dr. Ken Minkoff

Despite the best of intentions

- Clients were still being denied admission because of co-occurring issues
- Providers were still referring out for treatment
- Clients were not getting treatment that addressed both co-occurring issues
- Clinicians still lacked the confidence to address co-occurring issues
- Clinicians continue to under appreciate co-occurring disorders



Substance Use Disorder Treatment for
People With Co-Occurring Disorders

UPDATED 2020

TREATMENT IMPROVEMENT PROTOCOL

TIP 42

SAMHSA
Substance Abuse and Mental Health
Services Administration

Effective COD Assessment and Treatment

- How this went wrong
 - silos
 - separate funding
 - sequential/simultaneous treatment
- Coordination of mental health and addiction professionals to create an integrated comprehensive treatment plan to address the whole person:
 - meets the needs of the individual
 - medication for mental health and/or addiction when appropriate
 - positive and supportive social interactions
 - healthy recreational activities
 - family involvement when beneficial
 - NO “WRONG DOOR”

Westchester Co-Occurring System of Care (COSOCC)



First Westchester COSOCC meeting
January 2018

COSOCC formed in 2018 with focus on

- Prevention
- Licensing/Regulatory
- Cross-training/QI/Core Competencies
- Need for effective treatment modalities

COSOCC based on Comprehensive Continuous Integrated System of Care (CCISC)

- 8 clinical consensus best practice principles (Minkoff, Cline 2004)
- Implement quality improvement project utilizing COMPASS EZ tools developed by ZIAPartners (Drs. Minkoff and Cline)

County & Agency Charter

- Identified action steps that the county providers & partners commit to.

Workforce Development & Support

- COSOC Monthly Orientation
- Learning Collaborative Model
- Training & Technical Support (MI, MAT, Harm Reduction)
- Cross-Systems Active Involvement

Co-Occurring Disorder Prevention

- CODA Annual Youth Summit
- Community Coalition Building
- Mental Health First Aid

Funding Opportunities

- Co-Occurring requirement ALL funding opportunities
- Evidence-based/Promising Practice Models across the continuum
 - Prevention (CODA)
 - Treatment (Encompass, MAT)
 - Family and loved one support (CRAFT)
 - Wraparound coordination of care and services

WELCOME Orange!

Leadership of member agencies agree to participate in a continuous effort to achieve the following WELCOME Orange Standards:

1. To take the necessary steps to enhance each program's or agency's ability to build complexity capability
2. To demonstrate progress in complexity capability
3. To ask for help with complexity capability
4. To develop partnerships and collaboration to achieve the outcomes of ***WELCOME Orange***



What does it mean to be complexity capable?

Each program is organized, within its mission and resources, to deliver integrated, matched, hopeful, strength-based, best-practice interventions for multiple issues to individuals and families with complex needs who are coming to the door.

WELCOME Orange Philosophy Is The Umbrella for All The Work We Do

Established in 2013

WELCOME Orange Steering Committee meets regularly and plans 2 system-wide WELCOME Orange Orientations per year

WELCOME Orange Training Institute

WELCOME Orange is integrated into all RFPs and contracts

Dutchess LINC (Leaders Integrating Networks of Care)

Key Tenants:

- Dutchess LINC- Co-Occurring system wide Initiative
- Comprehensive trainings across systems in co-occurring treatment (for IDD, SUD and MH)
- Dutchess County Empowerment Center
- Law Enforcement Assisted Diversion Team
- Development of an Intensive Outpatient Program (IOP) to treat individuals with co-occurring conditions who are not well suited to traditional levels of care (low barrier, flexible, accessible-in office or community)
- The Stabilization Center
- 911 Diversion and 988 regional call center
- Mobile Health and Evaluation, assessment and connection via the Mobile RV
- Comprehensive alternative to incarceration system, from evaluation through treatment and recovery

Sullivan Co-Occurring System of Care Efforts

Identified needs are as follows with plans:

- Brining entire SOC Together to eliminate silos for info sharing regarding existing programs & ability to provide services, & disseminate information to raise awareness within the community.
- Sullivan 180 Resource Guide—update done & guides completed & ready for pick up.
- QR Code to disseminate Resource Guide in alternative languages & separate for & adults
- Unite Implementation phase with a go live of 8/29/23
- Unite Us talking with neighboring counties to join as well

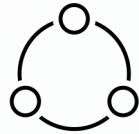
Other areas we are looking to utilize the Opioid abatement funds in enhancing COSOC are as follows:

- Quick Response Team to Non-fatal OD
- EAP for Law Enforcement Agencies
- Program(s) for Mothers Suffering from SUD
- Expand support for pre-arrest diversion (HNN)
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Integrated Ulster



Building a system of care that is **welcoming, accessible, and capable** of providing **person-centered, recovery-oriented, trauma-informed, culturally responsive**, and fully **integrated** care.



We believe **co-occurring care** must address all areas of someone's life. We provide **stage matched intervention** on the issues that are important to those we're working with.

We provide an **Annual Orientation** as well as **Monthly Trainings** in partnership with NYAPRS.



Our **23** partners have signed the charter and actively work on **action plans** to implement our guiding principles in partnership with the **Center for Practice Innovations**.

64 total agencies participate in IU on some level.

Each year, we work together to create an **Action Plan** focused on priority areas.



Our focused work groups target our Action Plan goals:

TIC Collaborative
Anti-Racism Workgroup
Opioid Strategic Action Team
Criminal Justice & Behavioral Health Task Force
Child & Family System of Care

Putnam Co-Occurring System of Care Efforts

Key Areas:

- Putnam County BRIDGE Alliance
- EndODNY with Putnam County
- Putnam County Resource Guide
- Supportive Crisis Stabilization Center

Other areas exploring to utilize the Opioid abatement funds in enhancing COSOC are as follows:

- Establish a Dual Recovery Coordinator at the LGU
- Quick Response Team to Non-fatal OD